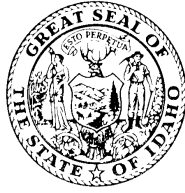


# STATE OF IDAHO



## BOARD OF DENTISTRY

### PURCHASING A LIST OF LICENSEES

Lists which include the names and addresses of licensees (email addresses are not a matter of public record) are available for purchase according to the following procedures:

- Complete all sections of the order form. Missing specifications may result in delays in processing your order.
- The signed Purchase of List Agreement must be returned to this office with the completed order form. The agreement affirms that the materials or publications to be disseminated shall not be published in a manner which could be construed by the public to mean that the Board supports, endorses, or approves of the materials disseminated. Be sure to include your street address on the Purchase of List Agreement.
- Payment shall be received **prior** to release of a list. The cost for a list is \$20 per request. Make check payable to Idaho Board of Dentistry. Credit cards are not accepted.
- Turn around time for processing an order is approximately 5 business days.

#### Standard mailing lists include:

- Full Name
- Address
- City
- State
- Zip Code

#### Standard data lists include:

- Full Name
- Address
- City
- State
- Zip Code
- License Number
- Date of Issue
- Expiration Date
- License Status
- License Type (i.e. general dentist, specialist)

**IDAHO STATE BOARD OF DENTISTRY**  
**P.O. Box 83720**  
**Boise, ID 83720-0021**  
**(208) 334-2369**  
**Email: [stephanie.lotridge@isbd.idaho.gov](mailto:stephanie.lotridge@isbd.idaho.gov)**

**LIST PURCHASE ORDER FORM**

If you wish to purchase a list of licensees, please complete the information requested below and return it to the Idaho Board of Dentistry with the signed Purchase of List Agreement.

**Type of media:**

- ☐ Electronic file via email  
☐ CD-Rom

**Type of list:** (see description on previous page)

- ☐ Standard mailing list  
☐ Standard data list

**Type and status of license (mark all that apply):**

- ☐ Dentists – Active  
☐ Dentists – Inactive or Retired  
☐ Dental Hygienists – Active  
☐ Dental Hygienists – Inactive or Retired

**Geographic Area:**

- ☐ All Licensees (in-state and out-of-state)  
☐ In-state Licensees only  
☐ Specific Idaho counties, or zip codes (please specify)

**Sorting Sequence:**

- ☐ Alphabetical by last name  
☐ Zip code  
☐ Other \_\_\_\_\_

**File Type:**

- ☐ Microsoft Excel  
☐ Text file \_\_\_\_ Delimited \_\_\_\_ Fixed Width  
☐ Other \_\_\_\_\_

## PURCHASE OF LIST AGREEMENT

By signing this form:

I verify having full knowledge and understanding that materials/publications to be disseminated using a list of names and addresses of licensed dentists, or dental hygienists shall not be published in any manner which could be construed by the public to mean that the Idaho State Board of Dentistry or any of its employees supports, endorses, approves, etc. the materials/publications to be disseminated.

I acknowledge that I am placing an actual order for a list of Idaho dentists, and/or dental hygienist licenses for which I shall be responsible to assure payment is made.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please attach this form to the order form being returned to the Idaho Board of Dentistry. Your order cannot be processed without a signature on this form.

Idaho State Board of Dentistry  
P.O. Box 83720  
Boise, ID 83720-0021  
(208) 334-2369